

ELOS PLUS® INFORMED CONSENT

This is an informed consent document which has been prepared to help your Medical Aesthetician inform you concerning elos Plus® Treatment, its risks, likely effects and alternative treatments.

It is important that you read this information carefully and completely. Please sign the consent for this procedure as proposed by your Medical Aesthetician and agreed upon by you, indicating that you have read the informed consent.

I, _____ authorize Medical Aesthetician _____ to perform the following procedure: **elos Plus®**.

Treatment sites _____

I understand that the elos Plus® is a device used for hair removal, skin rejuvenation, acne treatment, wrinkle reduction, skin resurfacing, leg veins and other vascular lesion treatments, of which I am consenting to be a patient receiving _____ treatment (specify procedure). More than one session may be necessary to achieve desired results.

I understand that clinical results may vary depending on individual factors, including but not limited to medical history, skin type, patient compliance with pre and post treatment instructions, and individual response to treatment.

We are unable to treat clients that are on ACCUTANE and PHOTSENSITIZING medications. Clients using ANTICOAGULANTS should be noted.

For laser skin services, skin treated may be red and swollen with fine thin scabs forming. Keep in compliance with aftercare instructions for best results. The healing process can take anywhere from 1-3 weeks. It could take as long as 3-6 months in some rarer cases.

For laser hair removal, the purpose of this procedure is to diminish or remove unwanted hair. The procedure requires more than one treatment and may produce permanent hair removal. The total number of treatments will vary between individuals. On occasion there are clients that do not respond to treatments. The treated hair should exfoliate or push out in approximately 2-3 weeks. Alternative methods are waxing, shaving, electrolysis and chemical epilation.

CONTRAINDICATIONS, RISKS, SIDE EFFECTS AND COMPLICATIONS

1. **I understand that there is a possibility of short-term effects such as reddening, mild burning, temporary bruising and temporary discoloration of the skin, as well as the possibility of rare side effects such as scarring and permanent discoloration:** These conditions usually resolve within 3-6 months, but permanent color change is a rare risk. Avoiding sun exposure before and after the treatment reduces the risk of color change.
2. **Scarring:** For skin rejuvenation, this treatment can create a bruising and a moderate burn or blister to the skin. For an effective treatment, the power needs to be just below the blistering point which means skin will be red. There is risk of scarring.

3. **Hyperpigmentation and Hypopigmentation:** For skin rejuvenation, this has been noted after treatment, especially with a darker complexion. This usually resolves within weeks but can take as long as 3-6 months in some cases. Permanent color change is a rare risk. If you have a lot of color in your skin, a skin lightening cream will be advised to reduce the melanin in your skin before the treatment. Avoiding sun exposure after the treatment is crucial to reduce the risk of color change.
2. **Infection:** Although infection following treatment is unusual, bacterial, fungal and viral infections can occur. Herpes simplex virus infections around the mouth can occur following a treatment. This applies to both individuals with a past history of herpes simplex virus infections and individuals with no known history of herpes simplex virus infections in the mouth area. Should any type of skin infection occur, additional treatments or medical antibiotics may be necessary.
3. **Bleeding:** Pinpoint bleeding is rare but can occur following treatment procedures. Should bleeding occur, additional treatment may be necessary.
4. **Skin Tissue Pathology:** Energy directed at skin lesions may potentially vaporize the lesion. Laboratory examination of the tissue specimen may be possible. Only clearly benign pigmented lesions can be treated. Check with your doctor for a clearance for this type of skin rejuvenation treatment.
5. **Allergic Reactions:** In rare cases, local allergies to tape, preservatives used in cosmetics or topical preparations have been reported. Systemic reactions (which are more serious) may result from prescription medicines.
6. **I understand that exposure of my eyes to light could harm my vision:** I must keep eye protection goggles on at all times.
7. **Compliance with Aftercare:** Aftercare guidelines are crucial for healing, prevention of scarring and hyper-pigmentation. Wear sunscreen of SPF30 or higher before and after treatment to protect your skin.

Occasionally, unforeseen mechanical problems may occur and your appointment will need to be rescheduled. We will make every effort to notify you prior to your arrival.

CONSENT

I understand that treatment with the elos Plus® involves a series of treatments and the fee structure has been fully explained to me.

(client's initials) _____

I certify that I have been fully informed of the nature and purpose of the procedure, expected outcomes and possible complications, and I understand that no guarantee can be given as to the final result obtained. I am fully aware that my condition is of cosmetic concern and that the decision to proceed is based solely on my expressed desire to do so.

I confirm that I have informed the staff regarding any current or past medical condition, disease or medication taken.

I consent to the taking of photographs and authorize their anonymous use for the purposes of medical audit, education and promotion.

I certify that I have been given the opportunity to ask questions and that I have read and fully understand the contents of this consent form.

I understand and agree that all services rendered will be charged directly to me, and I am personally responsible for payment. I further agree, in the event of non-payment, to bear the cost of collection, and/or court costs and reasonable legal fees should they be required. The fees charged for this procedure do not include any potential future costs for additional procedures that you elect to have or require in order to revise, optimize, or complete your outcome. Additional costs may occur should complications develop from the elos Plus® and will also be your responsibility.

I agree to follow up with Body+Beauty Lab at the recommended intervals to monitor the effectiveness of the treatment, and to contact Body+Beauty Lab to advise of any change in my condition or any problem I may experience.

In signing this consent for this procedure, you acknowledge that you have read the informed consent and have been informed about its risks and consequences and accept responsibility for the clinical decisions that have been made, along with the financial costs of all treatments and future treatments. I understand that I have the right not to consent to this treatment and that my consent is voluntary. I hereby release the Medical Director, Medical Aesthetician and Body+Beauty Lab from liability associated with this procedure. I give my informed consent for an elos Plus® Treatment today as well as future treatments as needed.

Client Signature _____ **Date** _____

Medical Aesthetician Signature _____ **Date** _____